

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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# MASSACHUSETTS CASE MIX

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**Emergency  
Department  
Data (EDD)**

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Fiscal Year 2015

User Guide



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## Document Revision History

Date	Version Number	Writer	Requested by:	Key Changes:
<b>December 2016</b>	Initial Document	K. Walsh		

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## EXECUTIVE SUMMARY

The FY2015 Emergency Department Database Guide provides general information about CHIA's most recent emergency department data holdings.

Each quarter, Massachusetts facilities provide CHIA with information that CHIA transforms into annual Emergency Department databases (EDDs). This data is collected from patients whose visits to emergency departments (ED) in Massachusetts' acute care hospitals and satellite emergency facilities did not result in admission to an inpatient or outpatient observation stay.

The FY2015 EDD includes ED visits that occurred between October 1, 2014 and September 30, 2015. Facilities reported a total of 2,473,954 visits that resulted in neither an observation nor inpatient stay. Data on patients transferred from the Ed to observation can be found in the FY2015 Outpatient Observation Database. Data on patients transferred to acute inpatient facilities can be found in the FY2015 Hospital Discharge Database.

The information in this guide is limited to high level data notes. The document describes how the data was collected, a description of selected data elements, derived data elements, and data limitations. As always, CHIA strongly suggests that users perform some qualitative checks of the data prior to drawing conclusions about that data.

### New in FY 2015

CHIA has created a new Limited Data Set (LDS) to allow more flexibility in data use. Information about the application process is available in Supplement 1.

CHIA will report diagnoses and procedure codes from providers, who are using the codes supplied via the International Classification of Diseases, Ninth Revision, and Clinical Modification (**ICD-9-CM**). There are no ICD-10-CM codes in this dataset.

CHIA has lifted the limit on the number of diagnosis and procedure codes per visit.

- Visits reached a maximum of 31 secondary diagnosis codes, and a maximum of 60 secondary procedure codes. Please note that some procedure codes repeat, and therefore the maximum number of distinct procedure codes was 40 per visit.
- 400 visits do not have a Primary Diagnosis
- 1,743,547 visits do not have a Primary Procedure
- About 0.05% of visits had greater than 15 diagnoses.
- About 0.31% visits had greater than 15 procedures.

For FY2015, CHIA organized the procedure and diagnosis fields in three tables: Visit, Diagnoses, and Procedure. As a result, some data elements with similar names have table specific data that cannot be linked to other tables. Please note that Primary Diagnosis only appears on the Visit table. Not all visits have Primary Procedures, but all primary procedures also appear on the Visit Table.

The supplemental EMS table has been replaced by the Organization table.

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## PART A. DATA COLLECTION

Selected facilities in Massachusetts are required to submit visit data to CHIA under *957 CMR 8.00 - APCD and Case Mix Data Submission*. Researchers can access EDD regulations through CHIA's web site [<http://www.chiamass.gov/regulations>] or by faxing a request to CHIA at 617-727-7662.

*957 CMR 8.00 - APCD and Case Mix Data Submission* requires facilities to submit visit data to CHIA 75 days after each quarter. The quarterly reporting intervals for the FY2015 EDD are as follows:

**Quarter 1:** October 1, 2014 - December 31, 2014

**Quarter 2:** January 1, 2015 – March 31, 2015

**Quarter 3:** April 1, 2015 – June 30, 2015

**Quarter 4:** July 1, 2015 – September 30, 2015

CHIA reviews each facility's quarterly data for compliance with *957 CMR 8.00 - APCD and Case Mix Data Submission* using a one percent error rate. The one percent error rate is based upon the presence of one or more errors per visit for the facility's quarterly submission. CHIA checks for valid codes, correct formatting, and presence of the required data elements. If one percent or more of the visits are rejected, CHIA rejects the entire submission.

Each facility receives a quarterly error report displaying invalid visit information. Quarterly data that does not meet the one percent compliance standard must be resubmitted by the reporting facility until the standard is met.

### Data Sources

Regulation *105 CMR 130.020* defines what types of facilities are considered "Emergency Departments" and what is (and is not) an ED visit. The Hospital Uniform Reporting Manual (HURM) defines additional emergency services and also defines the regulations for emergency services under Massachusetts General Laws. Functional reporting permits and comparisons among facilities with varied organizational structures can be found in the *HURM*, Chapter III, § 3242.

The Emergency Department is defined as a department of a hospital or an off-site health care facility that provides emergency services as defined in *105 CMR 130.020*. The ED must be listed on the license of the hospital, and qualify as a Satellite Emergency Facility as defined in *105 CMR 130.820* through *130.836*.

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## ED in Other CHIA databases

Any visit for which the patient is registered in the ED, but which does not result in an outpatient observation stay or the inpatient admission of the patient at the reporting facility, is considered an ED visit. An ED visit occurs even if the only service provided to a registered patient is triage or screening. Data users interested in ED visits that result in an observation stay should use the FY2015 outpatient observation database (FY2015 OOD). Data users interested in ED visits that result in an inpatient stay should use the FY2015 inpatient database (FY2015 HIDD). Both the OOD and HIDD databases have an “ED Indicator” flag which will identify care that began in the emergency room. In addition the source of admission codes in OOD and HIDD as well as the revenue codes in HIDD can be used to identify visits/discharges with ED services included.

## ED Verification Report Process

Annually CHIA sends each facility a report on their visit data to maintain and improve the quality of their submissions. The Verification Report process gives the facilities the opportunity to review the data they have provided to CHIA and affirm data accuracy.

CHIA produces facility specific Verification Reports after each facility successfully submits four quarters of data. CHIA asks each facility to review and verify the data contained within the report. Each Verification Report has a series of frequency tables for selected data elements that include, but are not limited to, the number of visits per month and breakouts by admission type, admission source, race, and disposition.

Facilities must affirm that reported data is accurate or identify any discrepancies. Facilities certify the accuracy of their data by completing a Verification Report Response form. CHIA accepts two response types from facilities:

**A:** A facility indicates its agreement that the data appearing on the Verification Report is accurate and that it represents the facility’s case mix profile.

**B:** A facility indicates that the data on the report is accurate except for the discrepancies noted. If any data discrepancies exist, CHIA requests that facilities provide written explanations of the discrepancies.

Users interested in the FY2015 EDD Verification Reports should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us). Please indicate the fiscal year of the Verification Report, the dataset name, and if you need information for a specific facility or set of facilities.

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## PART B: CRITICAL DATA ELEMENTS

The purpose of the following section is to provide the user with an explanation of some of the data. For more information about specific data elements, facility reporting thresholds, or other questions about the data, please contact CHIA by emailing [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us) or by accessing the FY2015 Codebooks available through CHIA's web site [<http://www.chiamass.gov/codebooks>]. Summary statistics for FY2015 are also available with the ED codebook.

### About the Limited Data Set (LDS)

Beginning in FY2015, non-Government users can access pre-configured Limited Data Set (LDS), designed to protect patient data confidentiality while ensuring analytic value. This streamlined approach also improves CHIA's ability to deliver the data efficiently.

The "core" data elements available through the LDS process are provided to all users (non-government and government). Any non-government users seeking to change the "core" through the use of "buy-ups" will need to indicate what changes they would like to make in their application. The "Buy-up" process allows a user to receive more granular data – for example, instead of a 3 digit patient zip code; the user can request a "buy-up" to a 5 digit patient zip code.

CHIA makes an additional set of core elements available only to government users. These elements are provided to all government users. Any government users seeking to change the "government-only core" through the use of "buy-ups" will need to indicate what changes they would like to make in their application.

### Data Elements for LDS and Government Users

Below are general descriptions for some data elements. Users seeking information more appropriate to coding should also consult the FY2015 ED Codebook [<http://www.chiamass.gov/codebooks>].

#### Charges

This is the grand total of charges associated with the patient's emergency room visit. The total charge amount should be rounded to the nearest dollar. A charge of \$0 is not permitted unless the patient has a special Departure Status.

#### Condition Present on Admission (POA) Indicators

These flags indicate the onset of a diagnosis preceded or followed admission. There is a POA indicator for every diagnosis and E-code.

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## Diagnosis and Procedure Codes

For FY2015, CHIA organized the procedure and diagnosis fields in three tables -- Visit, Diagnoses, and Procedure. This change occurred because CHIA removed the limit on the number of secondary diagnosis and procedure codes submitted and released. As a result, some data elements with similar names have table specific data that cannot be linked to other tables.

On the Visit table are the Primary Diagnosis code (which cannot be an E-code) and the Primary Procedure code (Table 3). In FY2015, 2,473,554 of visits had a primary diagnosis, and 730,407 had a primary procedure.

All secondary diagnosis and procedure codes are in the Diagnoses and Procedure tables, respectively. Indicator codes are available for each secondary diagnosis of procedure code and are a based on order in which those codes were sent to CHIA. Visits reached a maximum of 31 secondary diagnosis codes, and a maximum of 60 secondary procedure codes. However, some visits had repeated procedure codes, so the maximum number of distinct procedure codes was 40. Less than 0.05% of visits had greater than 15 diagnoses. About 0.31% visits had greater than 15 procedures.

Diagnoses and procedures are ordered as submitted by emergency departments to CHIA. CHIA does not require the order of diagnoses and procedures to be medically relevant. CHIA does not affirm or confirm the medical relevancy of the principal diagnosis, procedure, or e-code reported on the discharge table.

## Discharge Date and Discharge Time

The *Discharge Date and Discharge Time* reflects the actual date and time that the patient was discharged from the emergency department. Default values, such as 11:59 PM of the day the patient was registered, are unacceptable. Time is reported as military time, and valid values include 0000 through 2359.

## ED Treatment Bed

This data element measures the normal capacity of emergency departments. *ED Treatment Bed* includes only those beds in the emergency department that are set up and equipped on a permanent basis to treat patients. It does not include the temporary use of gurneys, stretchers, etc. Including stretchers, etc. would overestimate facilities' physical capacity to comfortably treat a certain volume of emergency department patients, although CHIA recognizes that in cases of overcrowding, emergency departments' may need to employ temporary beds.

## ED-Based Observation Bed

*ED-Based Observation Beds* are beds located in a distinct area within or adjacent to the emergency department, which are intended for use by observation patients. Facilities include only beds that are set up and equipped on a permanent basis to treat patients. They should not include temporary use of stretchers, gurneys, etc.

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## Emergency Severity Index (ESI)

The *Emergency Severity Index (ESI)* is a system for triaging patients using an algorithm developed by researchers at Brigham & Women's and Johns Hopkins Hospitals. It employs a five-level scale. It may be reported on Record Type 20 as an alternative to, or in addition to, the Type of Visit.

Regardless of whether the ESI or the Type of Visit is reported, it should reflect the initial assessment of the patient, and not a subsequent revision of it due to information gathered during the course of the emergency department visit.

## Ethnicity

EDD includes two main fields to report Ethnicity: Ethnicity 1 and Ethnicity 2. The ethnicity codes are based on the CDC race/ethnicity code lists.

CHIA's Provider community utilizes the full list of standard codes, per Center for Disease Control, and those listed below: <a href="http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf">http://www.cdc.gov/nchs/data/dvs/Race_Ethnicity_CodeSet.pdf</a>	
Ethnicity Code	Ethnicity Definition
AMERCN	American
BRAZIL	Brazilian
CVERDN	Cape Verdean
CARIBI	Caribbean Island
PORTUG	Portuguese
RUSSIA	Russian
EASTEU	Eastern European
OTHER	Other Ethnicity
UNKNOW	Unknown/not specified

## External Cause of Injury Code (E-Code)

This data element describes the principal external cause of injuries, poisonings, and adverse effects using ICD-9 codes. In addition to the dedicated E-Code field, facilities record additional E-Codes in the associated diagnosis fields for conditions having multiple causes.

## Hispanic Indicator

A flag for patients of Cuban, Mexican, Puerto Rican or Central American or other Spanish or other Spanish culture or origin regardless of race.

## Homeless Indicator

This flag indicates that the patient was homeless at the time of visit.

## Outpatient Observation Stay Flag

This flag indicates that the patient was admitted from the facility's outpatient observation department or had prior outpatient utilization.

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## Organization Identifiers (ORG ID)

CHIA FY2015 contains four organization identifier fields. These fields are a CHIA assigned unique code for each Massachusetts facility:

- Massachusetts Filer Organization ID (IdOrgFiler) – The Organization ID for the facility that submitted the ED visit data to CHIA.
- Massachusetts Site Organization ID (IdOrgSite) - The Organization ID for the site where the patient received ED care.
- Massachusetts Hospital Organization ID (IdOrgHosp) - The Organization ID for the main hospital affiliation. For example 3108 (Cambridge Health Alliance) is the IdOrgHosp for the IdOrgSite 142 (Whidden Hospital).
- Massachusetts Transfer Hospital Organization ID (IdOrgTransfer) – is the Organization ID for the facility from which a patient is transferred. If the patient is transferred from outside of Massachusetts, the IdOrgTransfer will be 9999999.

Most facilities submitting emergency department data provide emergency care at only one location. Therefore, they are considered to have a single campus or site, and need to summarize their data only once. However, facilities may submit data pertaining to care provided at multiple sites. CHIA requires the latter to summarize their data separately for each site covered by the data submitted.

## Other Caregiver

This data element indicates the type of primary caregiver responsible for the patient's care other than the attending physician, operating room physician, or nurse midwife as specified in the Regulation. Other caregiver codes include resident, intern, nurse practitioner, and physician's assistant.

## Patient Status

This field identifies the disposition and destination of the patient after discharge from the ED. A small percentage of records are missing the zero used to pad codes 10 thru 18. For example, the entire code might consist of the digit 7, rather than 07. A full list of codes is available in the ED Codebook.

## Patient's Mode of Transport Code

This is the patient's mode of transport to the emergency department.

## Race

CHIA, in concert with the Provider community, has defined a set of valid values. The list of codes below will also be available in the ED Codebook.

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Race Code	Patient Race Definition
R1	American Indian/Alaska Native
R2	Asian
R3	Black/African American
R4	Native Hawaiian or other Pacific Islander
R5	White
R9	Other Race
Unknow	Unknown/not specified

## Service Line Items

Service Line Items are the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) Level II codes used to bill for specific items and services provided by the emergency department during the visit. In addition, the code DRUGS is used to report provision of any drugs for which there are no specific HCPCS codes available. Likewise, SPPLY is used to report any supplies for which there are no specific HCPCS codes available. Since units of service are *not* collected in the database, it is possible that the item or service which a reported service line item code represents was actually provided to the patient more than once during the visit.

## Source of Visit

The two sources of visit codes (Source of Visit and Secondary Source of Visit) codes indicate the source of originating, referring or transferring the patient to the ED. Reporting patterns for the *Source of Visit* data element may vary widely.

It is important to note that the code “*Transfer from Within Hospital Emergency Room*” is intended to be used as a Secondary Source of Admission only, except in cases where the facility is unable to determine the originating or primary source of admission.

## Type of Visit

Facilities indicate whether the visit was *Emergency, Urgent, Non-Urgent, Newborn, or Unavailable*.

## Zip Code

The Limited Data Set supports selection of 3-character Zip Code or 5-character Zip Code for approval by CHIA. Government users may be able to request a 9-character Zip Code.

For LDS users only, if the patient state is not in Massachusetts or a state bordering Massachusetts (Connecticut, Maine, New Hampshire, New York, Vermont or Rhode Island) zip codes are set to zeros (0s) and the state is removed. Any additional questions can be addressed by contacting CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

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## Data Available for Government Users Only

### **Other Ethnicity**

Other Ethnicity is a free text field for reporting any additional ethnicities available only to Government Users.

### **Other Race**

Other Race is an open text field for reporting additional races when Race 1 or Race 2 equals "R9", or "Other Race". It is available only to Government Users.

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## PART C: DERIVED DATA

CHIA produces from the visit data a number of derived elements and enhancements. These include Calculated Fields.

### **Age LDS (formerly Patient Age)**

If the date of birth and admission date are valid, then CHIA calculates Age LDS in years.

The calculation is as follows:

If Admission before Birth Day, then Age = Admission Year – Birth Year – 1 If Admission on/after Birth Day, then Age = Admission Year – Birth Year If Admission Year ≤ Birth Year and MDC=15, then Age=0 Where Age is valid and < 90, set AgeLDS = Age;
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Where Age is valid and > 89 and ≤ 115, set AgeLDS = 999 Else, where Age is missing, negative value or value > 115, set AgeLDS = null
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Discretion should be used whenever a questionable age assignment is noted. Researchers are advised to consider other data elements in their analysis of this field.

### **Days between Visits**

This calculated field indicates the number of days between each visit and each consecutive visit for applicable patients. That is, a match with the UHIN only is used to make a determination that a patient has been readmitted.

### **Unique Health Information Number (UHIN)**

Each patient is given by CHIA a Unique Health Information Number (UHIN), which is a surrogate key that can link patients over time and across facilities. The data element is blank, a single dash (-) appears in the UHIN field. It is valid for facilities to report that the unique patient identifier is unknown. In these cases, the UHIN appears as '000000001'.

The utility of the UHIN field is dependent on the reporting data.

### **Mother's UHIN**

For newborns or for infants less than 1 year old, CHIA derives a unique ID for the patient's mother. This unique ID allows a newborn visit to be associated with a Mother's visit.

### **Visit Sequence**

This calculated field indicates the chronological order of ED visits for patients with multiple ED visits in a calendar. A match with the UHIN only, is used to make the determination that a patient has had multiple stays. The Sequence Number uses the following data conventions:

- 
1. The sequence number is calculated by sorting the file by UHIN and visit date (in ascending order).
  2. The sequence number is then calculated by incrementing a counter for each UHIN's set of visits. A sequence number of "1" indicates the first admission for the UHIN in that fiscal year.
  3. If a UHIN has two visits on the same day, the visit date is used as the secondary sort key.
  4. If the UHIN is undefined (not reported, unknown or invalid), the sequence number is set to zero.

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## PART D: DATA LIMITATIONS

The EDD is derived from patient visit summaries, which can be traced to information gathered upon admission or from information entered by admitting and attending health professionals into the medical record. The quality of the EDD is dependent upon facility data collection policies and coding practices of the medical record staff.

Information may not be entirely consistent from facility to facility due to differences in:

- Collection and verification of patient supplied information before or at admission,
- Medical record coding, consistency, and/or completeness,
- Extent of facility data processing capabilities,
- Flexibility of facility data processing systems,
- Varying degrees of commitment to quality of merged case mix and charge data,
- Capacity of financial processing system to record late occurring charges on the Center for Health Information and Analysis's electronic submission,
- Non-comparability of data collection and reporting.

CHIA strongly suggests that users perform qualitative checks prior to drawing conclusions about the data.

### Historical Data Elements

Users of multiple years of Case Mix data should be careful, especially when analyzing multi-year trends. In order to maintain consistency across years, it may be necessary to merge some of codes used for specific data elements. Users with questions about new data elements or changes in coding from year to year should contact CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

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## SUPPLEMENT 1. APPLYING FOR AND USING CHIA DATA

### Applying for CHIA Data

Researchers interested in receiving CHIA data should follow the instructions below to receive access to the data.

#### How to Apply for the Data

1. To obtain a copy of the Data Use Agreement and/or other documents required for application, go to:  
  
<http://www.chiamass.gov/chia-data/>
2. Follow the links to the forms that correspond to the data (Case Mix, APCD) and application type (Government, Non-Government) that are appropriate to your data request.
3. For FY2015, Non-Government users can access pre-configured Limited Data Set (LDS), designed to protect patient data confidentiality while ensuring analytic value. This streamlined approach also improves CHIA's ability to deliver the data efficiently.

#### Securing CHIA Data Prior to Use

*As an approved data recipient, or its agent, you are obliged by your application and confidentiality agreement to secure this data in a manner that protects the confidentiality of the records and complies fully with the terms of CHIA's Data Use Agreement. All data obtained from CHIA must reside on an encrypted hard drive and/or secure network.*

### Data Delivery

CHIA delivers EDD on CD-ROMs. Users must be able to meet the following Hardware, and CD requirements. As well, users must be able to read and *download* the data files to their back office.

#### Hardware Requirements:

- CD ROM Device
- Encrypted Hard Drive with 2.0 GB of space available

### CD Contents

The FY2015 Case Mix EDD CD contains 10 Microsoft Access Database (.mdb) files or 10 SAS files (.sas7bdat). Depending on your view of the data, each file name will

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have a suffix of “\_Full\_AAAA\_BBBB”. AAAA indicates the specific view of the data. BBB indicates if you’ve received an LDS or Government dataset.

- The main FIPA\_EDD\_2015\_Visit (table name: Visits), contains one record per ED visit, total record count = 2,473,954
- FIPA\_EDD\_2015\_ServiceCode (table name: Services), contains one record per revenue code service reported for each visit. The Visit table (RecordType20ID) has a one-to-many relationship with this table. Total record count = 15,286,205.
- FIPA\_EDD\_2015\_DiagnosesCode (table name: Diagnoses), contains one record per diagnosis reported for each visit. The Visit table (RecordType20ID) has a one-to-many relationship with this table. Total record count = 5,337,806.
- FIPA\_EDD\_2015\_ProcedureCode (table name: Procedures), contains one record per procedure for each visit. The Visit table (RecordType20ID) has a one-to-many relationship with this table. Total record count = 2,281,604.
- FIPA\_EDD\_2015\_Organization (table name: OrgIDs) contains one record per ED organization. This table can be used to lookup facility names, EMS region, and Teaching status. Total record count = 358.
- FIPA\_EDD\_2015\_PayerCategories (table name: Payer) contains one record per ED payer. Total record count = 319.
- FIPA\_EDD\_2015\_CCS (table name: CCS) contains CCS coding. **Please be aware the CHIA makes no warranty as to the accuracy of this table or the appropriateness for your research.** Total record count = 14,904. The Visit table (RecordType20ID) has a one-to-one relationship with this Table.
- FIPA\_EDD\_2015\_SubmissionLog (table name: DataSubmissionLog) contains one record per quarter for each of the ED facilities filing data. Total record count = 261.
- FIPA\_EDD\_2015\_Error Log (table name: ErrorLog) contains records by quarter and by fiscal year on the number of records pass and fail and the reason for fail by IdOrgFiler. Total record count = 3.
- FIPA\_EDD\_2015\_ServiceSummary (table name: ServiceSummary), contains one record per quarter per facility. The Visit table (RecordType20ID) has a many-to-one relationship with this Table. Total record count = 293.

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## Data Elements

A list of data elements, by File is available will be available on the CHIA website [<http://www.chiamass.gov/case-mix-data>].

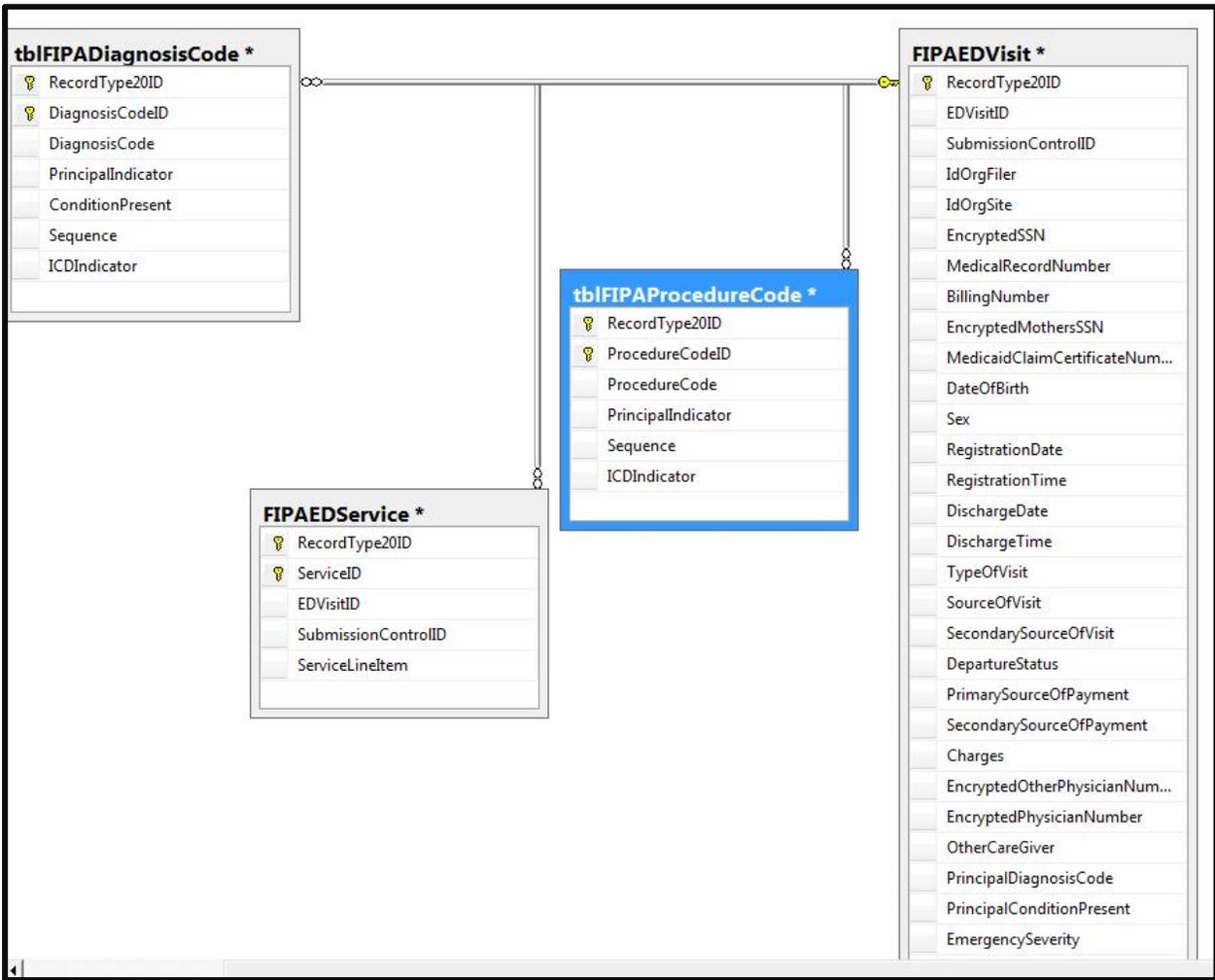
## Linking Files

Historically, case mix data users receive a Microsoft Access version of the data and use the data directly in Access or import into it into STATA, SPSS, SAS, and R. To accommodate the expanding one-to-many relationship between the main visit table and other tables due to lifting the limit on the number of diagnoses and procedure codes, files distributed will now contain multiple tables that are linked using the **RecordType201D** field. The RecordType201D field is used to link the main Visit table to Services, Diagnoses, and Procedures tables.

## Diagrams of Linkage Relationships to Main Visit Table:

### Linkages between Diagnosis, Service, Procedure, and Visit Tables. ( Figure 1 )

- RecordType201D – unique identifier for linkage to Visit table from these three key supplemental tables.
- Note for the Diagnoses Table: Associated Indicator (numbered 1 through 31) which is the maximum number of diagnoses submitted in FY2015
- Note for the Procedure table: Associated Indicator (numbered 1 through 60) which is the maximum number of procedures submitted in FY2015



Any additional questions can be addressed by contacting CHIA at [CaseMix.data@state.ma.us](mailto:CaseMix.data@state.ma.us).

## SUPPLEMENT 2: FACILITY LOCATION

**TABLE 1. FACILITY LOCATION**

IdOrgSite	IdOrgFiler	IdOrgHosp	Org Name	City	Zip Code
1	1	1	Anna Jaques Hospital	Newburyport	01950
2	2	2	Athol Memorial Hospital	Athol	01331
3	116	345	North Shore Medical Center - Union Campus	Lynn	01904
4	4	4	Baystate Medical Center	Springfield	01199
5	5	5	Baystate Franklin Medical Center	Greenfield	01301
6	6	6	Baystate Mary Lane Hospital	Ware	01082
7	7	6309	Berkshire Medical Center - Berkshire Campus	Pittsfield	01201
8	8	8	Fairview Hospital	Great Barrington	01230
10	10	8702	Beth Israel Deaconess Medical Center - East Campus	Boston	02215
16	16	3107	Boston Medical Center - Menino Pavilion Campus	Boston	02118
22	22	22	Brigham and Women's Hospital	Boston	02115
25	25	25	Signature Healthcare Brockton Hospital	Brockton	02302
27	27	3108	Cambridge Health Alliance - Cambridge Hospital Campus	Cambridge	02139
39	39	39	Cape Cod Hospital	Hyannis	02601
40	40	40	Falmouth Hospital	Falmouth	02540
41	41	41	Steward Norwood Hospital, Inc.	Norwood	02062
42	42	42	Steward Carney Hospital, Inc.	Dorchester	02124
46	46	46	Boston Children's Hospital	Boston	02115
49	49	3110	MetroWest Medical Center - Framingham Campus	Framingham	01701
50	50	50	Cooley Dickinson Hospital	Northampton	01061
51	51	51	Dana-Farber Cancer Institute	Boston	02115
53	53	53	Beth Israel Deaconess Hospital - Needham	Needham	02492
57	57	57	Emerson Hospital	Concord	01742
59	59	59	Brigham and Women's Faulkner Hospital	Boston	02130
62	62	8701	Steward Good Samaritan Medical Center - Brockton Campus	Brockton	02301
66	66	3111	Hallmark Health - Lawrence Memorial Hospital Campus	Medford	02155
68	68	68	Harrington Memorial Hospital	Southbridge	01550
73	73	73	Heywood Hospital	Gardner	01440
75	75	75	Steward Holy Family Hospital, Inc.	Methuen	01844
77	77	77	Holyoke Medical Center	Holyoke	01040
79	79	79	Beth Israel Deaconess Hospital - Plymouth	Plymouth	02360
81	81	6546	Lahey Hospital & Medical Center, Burlington	Burlington	01805

IdOrgSite	IdOrgFiler	IdOrgHosp	Org Name	City	Zip Code
83	83	83	Lawrence General Hospital	Lawrence	01842
85	85	85	Lowell General Hospital	Lowell	01854
88	88	88	Martha's Vineyard Hospital	Oak Bluffs	02557
89	89	89	Massachusetts Eye and Ear Infirmary	Boston	02114
91	91	91	Massachusetts General Hospital	Boston	02114
97	97	97	Milford Regional Medical Center	Milford	01757
98	98	98	Beth Israel Deaconess Hospital - Milton	Milton	02186
99	99	99	Morton Hospital, A Steward Family Hospital, Inc.	Taunton	02780
100	100	100	Mount Auburn Hospital	Cambridge	02138
101	101	101	Nantucket Cottage Hospital	Nantucket	02554
103	103	103	New England Baptist Hospital	Boston	02120
104	104	104	Tufts Medical Center	Boston	02111
105	105	105	Newton-Wellesley Hospital	Newton	02462
106	106	106	Noble Hospital	Westfield	01086
109	109	3112	Lahey Health - Addison Gilbert Hospital	Gloucester	01930
110	110	3112	Lahey Health - Beverly Hospital	Beverly	01915
112	112	112	Quincy Medical Center, A Steward Family Hospital, Inc.	Quincy	02169
114	114	114	Steward Saint Anne's Hospital, Inc.	Fall River	02721
115	115	85	Lowell General Hospital Saints Campus	Lowell	01852
116	116	345	North Shore Medical Center - Salem Campus	Salem	01970
118	118	6547	Mercy Medical Center - Providence Behavioral Health Hospital Campus	Holyoke	01040
119	119	6547	Mercy Medical Center - Springfield Campus	Springfield	01102
122	122	122	South Shore Hospital	S. Weymouth	02190
123	123	3113	Southcoast Hospitals Group - Charlton Memorial Campus	Fall River	02720
124	124	3113	Southcoast Hospitals Group - St. Luke's Campus	New Bedford	02740
126	126	126	Steward St. Elizabeth's Medical Center	Boston	02135
127	127	127	Saint Vincent Hospital	Worcester	01608
129	129	129	Sturdy Memorial Hospital	Attleboro	02703
130	131	3115	UMass Memorial Medical Center - Memorial Campus	Worcester	01605
131	131	3115	UMass Memorial Medical Center - University Campus	Worcester	01655
132	132	132	Clinton Hospital - A member of the UMASS Memorial Health Center	Clinton	01510
133	133	133	Marlborough Hospital - A member of the UMASS Memorial Health Center	Marlborough	01752
138	138	138	Lahey Health - Winchester Hospital	Winchester	01890
139	139	139	Baystate Wing Hospital	Palmer	01069
141	141	3111	Hallmark Health - Melrose-Wakefield Hospital Campus	Melrose	02176
142	27	3108	Cambridge Health Alliance - WEDDen Hospital Campus	Everett	02149
145	145	3113	Southcoast Hospitals Group - Tobey Hospital Campus	Wareham	02571

IdOrgSite	IdOrgFiler	IdOrgHosp	Org Name	City	Zip Code
457	49	3110	MetroWest Medical Center - Leonard Morse Campus	Natick	01760
4448	81	6546	Lahey Medical Center, Peabody	Peabody	01960
4460	4460	8701	Steward Good Samaritan Medical Center - NORCAP Lodge Campus	Foxboro	02035
6963	6963	6963	Shriners Hospitals for Children Boston	Boston	02114
8509	71	71	HealthAlliance Hospital - Leominster Campus	Leominster	01453
11466	11466	75	Holy Family Hospital at Merrimack Valley, A Steward Family Hospital, Inc.	Haverhill	01830
11467	11467	11467	Nashoba Valley Medical Center, A Steward Family Hospital, Inc.	Ayer	01432
11718	11718	11718	Shriners Hospitals for Children Springfield	Springfield	01104

**Note:** For data users trying to identify specific care sites, use IdOrgSite. However, if site number is blank, use IdOrgFiler.